

**SUPERIOR COURT OF ARIZONA  
MARICOPA COUNTY**

\_\_\_\_\_  
Name of Petitioner/Plaintiff

Case Number: \_\_\_\_\_

**ORDER ON SUPPLEMENTAL  
APPLICATION (WITHOUT HEARING)**

\_\_\_\_\_  
Name of Respondent/Defendant

**A SUPPLEMENTAL APPLICATION WAS FILED**

**THE COURT FINDS** that the applicant (print name) \_\_\_\_\_:

1. ☐ **IS ELIGIBLE FOR A WAIVER** because
- ☐ The applicant is considered to be permanently unable to pay because the applicant:
- ☐ Receives government assistance from the Temporary Assistance to Needy Families Program (TANF), the Food Stamp Program, Arizona's General Assistance Program (GA) or the Supplemental Security Income Program (SSI).
- ☐ Has an income that is insufficient or barely sufficient to meet the daily essentials of life and that includes no allotment that could be budgeted for the fees and/or costs that are required (e.g., monthly gross income 150% or less of poverty level).
- OR**
- ☐ The court exercises its discretion to grant a waiver as necessary and appropriate. (ARS 12-302(M)).

2. ☐ **IS ELIGIBLE FOR FURTHER DEFERRAL** of fees and/or costs. Although none of the grounds set forth above apply; the applicant has shown good cause for further deferral. **(Court must establish a schedule of payments.)**

3. ☐ **IS NOT ELIGIBLE FOR A WAIVER OR FURTHER DEFERRAL** of fees and/or costs.

**IT IS ORDERED:** (Check all boxes that apply)

1. ☐ **WAIVER IS GRANTED** for unpaid fees and/or costs in the amount of \$\_\_\_\_\_
2. ☐ **WAIVER IS DENIED.** The applicant does not meet the financial criteria for waiver because:

\_\_\_\_\_  
**A waiver MUST BE granted if the eligibility requirements for waiver are met.**

3. ☐ **FURTHER DEFERRAL IS GRANTED** for unpaid fees and/or costs in the amount of \$\_\_\_\_\_.  
☐ The applicant shall pay the entire amount due by \_\_\_\_\_ (date).

OR

☐ The applicant shall pay \$\_\_\_\_\_ each \_\_\_\_\_ (week, month etc.) until paid in full, beginning \_\_\_\_\_.

4. ☐ **FURTHER DEFERRAL IS DENIED** because the applicant has not demonstrated good cause.

5. ☐ **APPLICATION DENIED:**  
☐ It is incomplete because \_\_\_\_\_  
\_\_\_\_\_

**You are encouraged to submit a complete application before a consent judgment is entered against you.**

6. **RIGHT TO HEARING.** Unless a waiver is granted, you may request a hearing for a review of this order. The request must be made within twenty (20) days of the day the order was mailed or handed to you in court. No action for non-payment of fees and/or costs will be taken until the hearing is held. If you do not request a hearing, full payment is due within twenty (20) days from the day the order was mailed or handed to you in court. If you do not request a hearing or pay all unpaid fees and/or costs within the time stated, a consent judgment will be entered against you for any amounts unpaid.

DATED: \_\_\_\_\_

☐ Judicial Officer OR ☐ Special Commissioner